NIPUC 11JAW16PM1:17

Who is submitting this request?	saste ran TTABES TOWN
Aggregator	
Aggregator Batch Number	
KN0315	
Aggregator name	
Knollwood Energy	
The state of the s	
Aggregator Email	
linda@knollwoodenergy.com	
Other Aggregator name	
Carol Aggregator name	
Other aggregator email address	
Facility Owner Name	
Bob Bagshaw	
Owner Prefix	
Mr.	
Facility Owner email	
rebagshaw@hotmail.com	
Owner Phone	3
603-702-0610	
Facility Address	
77 South Rd	
Facility Town/City	
East Kingston	
Facility State	
NH	
Facility Zip	3
03827	

Is the facility address the same as the owner's mailing address

YesNo
Mailing Address
Mailing Town/City
Mailing State
Mailing Zip
Primary Contact (who should we call with questions)
Linda Modica
Contact Phone
Other Email Address
Facility Information
Class
II
Utility
Unitil
Other Utility Name
Date of Utility Signoff
11/14/2013
To obtain a GIS ID contact:
James Webb
408 517 2174

jwebb@apx.com

GIS ID (include "NON")
57217
Facility Operator Name, if applicable
Tability Operator Name, ii applicable
Panel Quantity
33
Panel Make
Solarworld
Panel Model
SW 280
Panel Rated Output
280
System capacity based on panels
9.2400
Inverter Quantity
33
Investor Meles
Inverter Make
Enphase Energy
Additional Inverter
Delta d Outrait
Rated Output
250
System capacity based on inverters
8.25
Custom consoits in mW as stated on the interconnection agreement
System capacity in mW as stated on the interconnection agreement
8.25
Revenue Grade Meter Make
GE

Was this facility installed directly by the customer (no electrician involved)?

YesNo
Date of Electrician Signoff
Sign-off Electrician's License Number
8238M
Installation Company
Other
Other Installation Company Name
ETE SOlar
Other Inst. Company Address
32 Tyler Lane
Other Inst. Company City
Berwick
Other Land Community Others
Other Inst. Company State ME
IVIC
Other Inst. Company Zip
03901
Independent Monitor Name
Tom Kelly
Monitor Company Name
Monitor Company Name
Monitor Company Name
Monitor Company Name
Monitor Company Name
Natural Capital, LLC
Other Monitor Company Name

Is the installer also the equipment vendor?
Yes
○ No
Equipment Vendor
Please attach your completed interconnection agreement including Exhibit B.
https://fs30.formsite.com/jan1947/files/f-5-99-5797637_sNeQeTQI_Bagshaw_SPIA.pdf
nttps://isau.ioffisite.com/jarr1947/files/i-a-99-a7970a7_siveQe1Qi_bagsilaw_ar iA.pui
The project described in this application will meeet the metering requirements of PUC 2506 including:
Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independant minitor or a designated representative.
A revenue quality meter is used to measure the electricity generated.
The facility owner has certified to the independent monitor that the meter operaes according to manufacturing standards.
The meter shall be maintained according to the manufacturer's recommendations.
The project is installed and operating in conformance with applicable building codes.
A copy of the facility's interconnection agreement is attached.
Please attach additional document here
https://fs30.formsite.com/jan1947/files/f-5-168-5797637_g2eQ3Wa8_Bagshaw_NHOS.pdf
Please attach additional document here
https://fs30.formsite.com/jan1947/files/f-5-173-5797637_LksE4i5l_Bagshaw_COC.pdf
Aggregator statement of accuracy
Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

•

.

Print Name

Linda Modica

Date Signed

01/02/2016



UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL" NH INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

Simplified Process Interconn	Simplified Process Interconnection Application and Service Agreement			
Contact Information:	Contact Information: Date Prepared: 1/12/14			
Legal Name and address of Interconnecting Cus	tomer (or. Company name, if appi	ropriate)		
Customer or Company Name (print): Bob Boshace Contact Person, if Company:				
Mailing Address: ++ Dout In Kil	Ĵ			
City: East Kingston	State: NH	Zip Code: <u>03827</u>		
Telephone (Daytime): 1623-702-1640	(Evening):			
Facsimile Number: 10/A	E-Mail Address: Brebugs	han Chotmail. Con		
Alternative Contact Information (e.g., system inst	allation contractor or coordinating	company, if appropriate):		
Name: Nelly Swith w/ E	TE Solar			
Mailing Address: 32 Tyler Louns	2			
City: Beswick		Zip Code: Ø 39 Ø (
Telephone (Daytime): 207-25!-6332		- Company - Comp		
Facsimile Number. 10/14	E-Mail Address: 15211,5mi	the etesdar, com		
Electrical Contractor Contact Information (if appro				
Name: A L Madage	Telephone:	605-817- E120		
Mailing Address: P.C. King 70 79				
City: Cockic	State: NH	Zip Code: 선생용당의		
Facility Information:				
Address of Facility: 77 South RA				
City: East Kingston	State: <u>UH</u>	Zip Code: <u>43877</u>		
Electric Service Company: Lintil Account Nu	umber: <u>2072 IS1-2070174</u> Mete	er Number: 148908		
Inverter Manufacturer 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Model Name and Number: MZ	SJ. Quantity: 33		
Nameplate Rating 1797 (kW) (kVA)	24/4 (AC Volts) Single X	or Three Phase		
System Design Capacity: 5 (kVA)	(kVA)			
Net Metering: If renewably fueled will the acc	ount be Net Metered? Yes X.	No		
Prime Mover: Photovoltaic X Reciprocating Er	ngine Fuel Cell	Turbine Other		
Francisco Cala Physical Cala Physical Cala Physical Cala Physical				
Energy Source: Solar Wind Hydro D	Diesel Natural Gas Fuel Oil	Other		
UL 1741.1 (IEEE 1547.1) Listed? Yes No		20 -201		
Estimated Install Date No. Zerly	estimated In-Service Date: Notice	20,2019		
Customer Signature				
I hereby certify that, to the best of my knowledge, agree to the Terms and Conditions on the following	all of the information provided in	this application is true and I		
Interconnecting Customer Signature: Robert E. B.	owner Owner	Nov 13, 2014		
Please attach any documentation arounded by	1 IIIe	Date:		
Please attach any documentation provided by listing.	the inverter manufacturer desc	ribing the inverter's UL 1741		
Approval to Install Facility (For Company use only	1	THE PARTY OF THE P		
	*	his Agreement and agreement		
Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? Yes No To be determined				
Company Signature:	/Title:	Date: 4-2014		
Company waives inspection/Witness Test? Ye	s No V			
•				



Certificate of Completion for Interconnection

Installation Information:	Check if owner-installed		
Customer or Company Name (print): Bob Bashau Contact Person, if Company:			
Mailing Address: 77 South Rd			
City: East King Ston State: NH Zip Code:	03877		
Telephone (Daytime): 603-762-0616 (Evening): Sign	20 1 3 3 1 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Facsimile Number: NA E-Mail Address: Teba	gshaw@hotmail.com		
Address of Facility (if different from above):			
City: State: Zip Code: _			
otate State.			
Electrical Contractor's Name (if appropriate): Al Madeau Mailing Address: Do. Bex 7079			
	Code: \$5839		
Telephone (Daytime): 603-817-0170 (Evening): 5000			
Facsimile Number: A E-Mail Address:	The Control of the Co		
License number: \$238M State: \$\text{OH}\$			
*	076 2211		
Date of approval to install Facility granted by the Company: Dec	1= 2419		
Application ID number: $GID # 736$			
Inspection:			
The system has been installed and inspected in compliance with the lo	cal Building/Electrical Code of		
F Kinggran Ray also nith			
(City/County/State)	F:		
Signed (Local Electrical Wiring Inspector, or attach signed electrical ins	pection):		
Name (printed): John Mozpo			
Date: 1114/14	A.		
As a condition of interconnection you are required to send a copy of thi electrical permit to Unitil at the following address:	s form along with a copy of the signed		
Unitil Corporation Attention: Generator Interconnections 6 Liberty Lane West Hampton, NH 03842			

Unitil Certificate of Completion for Interconnection Form - Updated June 14, 2013

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

REB

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

REB

A revenue quality meter is used to measure the electricity generated.

REB

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

REB

The meter shall be maintained according to the manufacturer's recommendations.

REB

The project is installed and operating in conformance with applicable building codes.

REB

A copy of the facility's interconnection agreement is attached.

Robert E. Bagshaw

Printed Name of signature owner

Robert E. Bagshaw (Sep 16, 2015)

Signature of system owner